1984

ANNUAL REPORT

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

3-4546/

MEMBERS OF THE COMMITTEE 1984

Chairman:	Dennis L. Anderson, MLA (Calgary - Currie)	Calgary
Vice-Chairman:	Colleen Wood	Edmonton
Members:	Ed Andersen	Marwayne
	Betty Biddell	Medicine Hat
	Bill Edgar	Olds
	Brian Elliott	Grande Prairie
	Carol Losie	Edmonton
	Bernice McManus	Calgary
	Carl Paproski, MLA (Edmonton - Kingsway)	Edmonton
	Brian Wik	Calgary
	Bob Worden	Midnapore
New Appointments 1984:	Mollie Basaraba	Edmonton
Appointments Ended 1984:	Louise Clare	Grimshaw

1984

ANNUAL REPORT

of

THE ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

Submitted to

THE HONOURABLE D. J. RUSSELL

Minister of Hospitals and Medical Care

Alberta

HEALTH FACILITIES REVIEW COMMITTEE

403/427-4924

2nd Floor, Pacific Plaza
10909 Jasper Avenue
Edmonton, Alberta, Canada
T5J 3M9

15 April 1985

The Honourable David Russell,
Minister of Hospitals and Medical Care,
Room 420, Legislature Building,
Edmonton, Alberta.

Dear Mr. Russell:

I have the honour to present the Annual Report of the Alberta Health Facilities Review Committee, summarizing the activities of the Committee for the year ending 31 December 1984.

Respectfully submitted,

Dennis L. Anderson

Dennis L. Anderson, M.L.A.
Chairman

HISTORY OF THE COMMITTEE

The Alberta Hospital Visitors Committee was established by the Alberta Hospital Visitors Committee Act in 1972, with a mandate to visit and inspect health facilities throughout the Province. Institutions included were Active Treatment Hospitals, Auxiliary Hospitals, Nursing Homes, Mental Health Facilities, and Homes for Special Care. The Act was amended in 1973 to include Senior Citizens Lodges and Contract Nursing Homes. The first meeting of the Committee took place in November 1973, and the first visits in March 1974.

An amendment in November 1978 changed the name to the Alberta Health Facilities Review Committee, and clarified the Committee's authority to receive and investigate complaints. The investigation of complaints had always been part of the Committee's role, but it was felt that it should be clearly stated that the Committee's mandate included the investigation of complaints in private nursing homes.

Social Services and Community Health institutions, and Mental Health Hospitals, were removed from the Committee's mandate, and the Social Care Facilities Review Committee was established to undertake this responsibility. Subsequently, in 1983, the two Mental Health Hospitals were returned to the mandate of the Health Facilities Review Committee.

The revised Alberta Health Facilities Review Committee Act was proclaimed in August 1980. The Act provides broad terms of reference for the Committee's activities, excluding only access to individual treatment records and financial records of the institution.

OVERVIEW - 1984

In executing the Committee's mandate in 1984, members made routine, unannounced visits to 316 health care facilities and senior citizens' lodges, received and investigated 61 complaints, and made recommendations to the Minister of Hospitals and Medical Care, the Minister of Housing, and to local Boards.

The Committee has been very pleased with the response of the two Ministries and the local Boards to their recommendations, and with the co-operation of the Boards, administrators and staff of the facilities visited. We particularly appreciate the written response of the Minister of Hospitals to the observations and recommendations in the Annual Report.

ACTIVITIES

REGULAR MEETINGS

Meetings of the Committee are held regularly, usually at monthly intervals. The Committee's schedule for the forthcoming month is approved, reports are presented on institutions visited, and the status of complaints under investigation is reviewed.

Eleven regular meetings were held during 1984.

Mrs. C. Losie attend the Second Conference on Rural Health Care in Alberta, and Mrs. Losie and Mr. Ed Andersen attended the Alberta Hospital Association Convention in November 1984.

DISCUSSIONS WERE HELD WITH THE FOLLOWING:

The Honourable D. Russell,
Minister of Hospitals and Medical Care

Dr. Lloyd Grisdale, Deputy Minister,
Hospitals and Medical Care

Mr. K. Moore, Assistant Deputy Minister,
Hospitals and Medical Care

Alberta Longterm Care Association

Mr. D. Beckley, Director,
Program Planning Branch,
Hospitals and Medical Care, and
Nursing Home Standards and Review Team

Senior Citizens' Homes Association

ACKNOWLEDGMENT

Mrs. Louise Clare's term of appointment expired in March 1984, and the Committee wishes to express sincere appreciation for her many years of valuable service.

ROUTINE VISITS TO INSTITUTIONS

Routine visits to institutions are planned monthly, and are authorized by resolution of the Committee. A visiting team is usually made up of two to four members. Time spent at each institution on such visits may be up to three days, depending on the size of the institution. Visits are unannounced.

The visiting team reports on care, atmosphere, comfort, food, activities and programs, community involvement, patient/guest morale, staff morale and general attitudes, and physical plant. After meeting with the administration and being shown through the building, members conduct the visit unaccompanied by staff. Discussions with patients, staff and visitors are, as often as possible, on a one-to-one basis. The Committee sees its role as that of considering the institution from a patient's/resident's point of view.

The visiting members prepare a written report on the institution for the Committee's records and the findings of the visit are discussed by the Committee at the next regular meeting. When concerns are expressed or favourable comments made to the visiting members, they are brought to the attention of the facility's administration and/or Board and in some cases the appropriate Government Minister, by letter or verbally. Where necessary the Committee schedules a follow-up visit.

The following institutions were visited in 1984. (Additional visits were made to investigate complaints).

GENERAL HOSPITALS (103)

Athabasca Municipal Hospital

Banff - Mineral Springs General Hospital

Bashaw General Hospital

Bassano General Hospital

Beaverlodge Municipal Hospital

Bentley General Hospital

Black Diamond - Oilfields General Hospital

Blairmore - Crowsnest Pass General Hospital

Bonnyville - St. Louis General Hospital

Bonnyville - Duclos Hospital

Bow Island General Hospital

Boyle General Hospital

Breton General Hospital

Brooks General Hospital

Calgary - Alberta Children's Provincial General Hospital

Calgary - Colonel Belcher Hospital

Calgary - Foothills Provincial General Hospital

Calgary - Holy Cross Hospital

Calgary - Rockyview General Hospital

Calgary - Salvation Army Grace Hospital

Camrose - St. Mary's General Hospital

Canmore Municipal Hospital

Cardston Municipal Hospital

Carmangay - Little Bow Municipal Hospital

Castor - Our Lady of the Rosary General Hospital

Cereal Municipal Hospital

Claresholm General Hospital

Coaldale Community General Hospital

Cold Lake - John Neil General Hospital

Consort Municipal Hospital

Coronation Municipal Hospital

Daysland General Hospital

Devon Civic Hospital

Didsbury Municipal Hospital

Drumheller General Hospital

Eckville Municipal Hospital

Edmonton - Charles Camsell Hospital

Edmonton - Glenrose Provincial General Hospital

Edmonton - University of Alberta Hospital

Edmonton - Dr. W. W. Cross Cancer Institute

Edson - St. John's Health Care Complex

Elk Point Municipal Hospital

Empress Municipal Hospital

Fairview Municipal Hospital

Fort Macleod Municipal Hospital

Fort McMurray Regional Hospital

Fort Saskatchewan General Hospital

Fort Vermilion - St. Theresa General Hospital

Glendon Municipal Hospital

Grande Cache General Hospital

Grande Prairie Municipal Hospital

Hanna General Hospital

Hardisty General Hospital

High Level Community Health Care Centre

High River General Hospital

Hinton General Hospital

Hythe Municipal Hospital

Innisfail General Hospital

Islay Municipal Hospital

Jasper - Seton General Hospital

Lac La Biche General Hospital

Lacombe General Hospital

Lamont - Archer Memorial Hospital

Leduc Municipal Hospital

Lethbridge Municipal Hospital

Magrath Municipal Hospital

Mannville Municipal Hospital

Mayerthorpe General Hospital

Milk River - Border Counties General Hospital

Myrnam Municipal Hospital

McLennan - Sacred Heart General Hospital

Olds Municipal Hospital

Oyen - Big Country General Hospital

Picture Butte Municipal Hospital

Pincher Creek Health Care Centre

Ponoka General Hospital

Radway Health Care Centre

Raymond Municipal Hospital

Red Deer Regional Hospital

Redwater - Thorhild Country General Hospital

Rimbey General Hospital

Rocky Mountain House General Hospital

Smoky Lake - George McDougall Memorial Hospital

Spirit River - Central Peace General Hospital

Stettler General Hospital

Stony Plain General Hospital

Sundre General Hospital

St. Albert - Sturgeon General Hospital

St. Paul - St. Therese General Hospital

Taber General Hospital

Three Hills Municipal Hospital

Trochu - St. Mary's General Hospital

Two Hills Municipal Hospital

Vegreville - St. Joseph's General Hospital

Vermilion Municipal Hospital

Viking Municipal Hospital

Vilna - Our Lady's General Hospital

Vulcan Municipal Hospital

Wainwright General Hospital

Westlock - Immaculata General Hospital

Wetaskiwin General Hospital

Whitecourt General Hospital

Willingdon - Mary Immaculate General Hospital

AUXILIARY HOSPITALS (30)

Calgary - Bethany Care Centre

Calgary - Cross Bow Auxiliary Hospital

Calgary - Fanning Centre

Calgary - Glenmore Park Auxiliary Hospital

Calgary - Sarcee Auxiliary Hospital

Camrose - Bethany Auxiliary Hospital

Cardston Auxiliary Hospital

Claresholm - Willow Creek-Claresholm Auxiliary Hospital

Coronation Auxiliary Hospital

Didsbury - Mountain View-Kneehill Auxiliary Hospital

Drumheller - J. Cramer Auxiliary Hospital

Edmonton - Dickinsfield Extended Care Centre

Edmonton - Good Samaritan Auxiliary Hospital

Edmonton - Grandview Auxiliary Hospital

Edmonton - Lynnwood Auxiliary Hospital

Edmonton - Mewburn Veterans' Centre

Edmonton - Millwoods Shepherds' Care Centre (Auxiliary Hospital)

Edmonton - Norwood Auxiliary Hospital

Edmonton - St. Joseph's Auxiliary Hospital

Grande Prairie Auxiliary Hospital

Lamont Auxiliary Hospital

Lethbridge Rehabilitation Hospital

Lloydminster Auxiliary Hospital

Red Deer - Dr. Richard Parsons Auxiliary Hospital

Rimbey Auxiliary Hospital

Stettler - Dr. A. E. Kennedy Auxiliary Hospital

Vegreville - Minburn-Eagle Auxiliary Hospital

Wainwright Auxiliary Hospital

Westlock - Barrhead-Thorhild-Westlock Auxiliary Hospital

Whitelaw - Hotel-Dieu de St. Joseph Auxiliary Hospital

NURSING HOMES (67)

Athabasca - Extendicare Nursing Home

Blairmore - Crowsnest Pass Nursing Home

Bonnyville - Extendicare Nursing Home

Bow Island Nursing Home

Brooks - Newell Nursing Home

Calgary - Beverly Nursing Home

Calgary - Bow Crest Nursing Home

Calgary - Bow View Nursing Home

Calgary - Cedars Villa Nursing Home

Calgary - Central Park Lodge Nursing Home

Calgary - Chinook Nursing Home

Calgary - Extendicare Nursing Home

Calgary - Forest Grove Nursing Home

Calgary - George Boyack Nursing Home

Calgary - Glamorgan Nursing Home

Calgary - Mayfair Nursing Home

Calgary - Southwood Nursing Home

Camrose - Bethany Nursing Home

Cardston - Grandview Nursing Home

Coronation - Paintearth Nursing Home

Didsbury - Mountain View-Kneehill Nursing Home

Drumheller - Dr. T. R. Ross Memorial Nursing Home

Edmonton - Central Park Lodge (Lendrum) Nursing Home

Edmonton - Good Samaritan Nursing Home (Mount Pleasant)

Edmonton - Good Samaritan Nursing Home (Southgate)

Edmonton - Hardisty Nursing Home

Edmonton - Jasper Place Central Park Lodge Nursing Home

Edmonton - Jubilee Lodge Nursing Home

Edmonton - Millwoods Shepherds' Care Nursing Home

Edmonton - St. Michael's Nursing Home

Edson Nursing Home

Fairview Nursing Home

Fort Macleod - Extendicare Nursing Home

Fort Saskatchewan - Rivercrest Lodge Nursing Home

Grande Prairie - Central Park Lodge Nursing Home

Grande Prairie - Swan Haven Nursing Home

Hanna - Palliser Nursing Home

High River Nursing Home

Lacombe Nursing Home

Lamont Nursing Home

Leduc - Extendicare Nursing Home

Leduc - Salem Manor Nursing Home

Lethbridge - Edith Cavell Nursing Home

Lethbridge - Extendicare Nursing Home

Lethbridge - Southland Nursing Home

Linden Nursing Home

Lloydminster - Dr. Cooke Nursing Home

Mayerthorpe - Extendicare Nursing Home

Medicine Hat - Central Park Lodge Nursing Home

Medicine Hat - Sunnyside Nursing Home

Midnapore - Father Lacombe Nursing Home

McLennan - Our Lady of the Lake Nursing Home

Ponoka - Northcott Lodge Nursing Home

Red Deer Nursing Home

Red Deer - West Park Nursing Home

Sherwood Park Nursing Home

Smoky Lake Nursing Home

Stettler Nursing Home

Stony Plain - Good Samaritan Nursing Home

St. Paul - Extendicare Nursing Home

Two Hills - Eagleview Nursing Home

Vegreville Nursing Home

Vermilion - Alice Keith Nursing Home

Viking - Extendicare Nursing Home

Vulcan - Extendicare Nursing Home

Westlock Nursing Home

Wetaskiwin Nursing HOme

SENIOR CITIZENS' LODGES (116)

Andrew Senior Citizens' Lodge
Athabasca - Pleasant Valley Lodge
Bashaw Valley Lodge
Bassano - Playfair Lodge
Berwyn - Autumn Lodge
Black Diamond - High Country Lodge
Blairmore - York Creek Lodge
Bonnyville - Bonny Lodge
Bow Island - Pleasant View Lodge
Boyle - Wildrose Villa
Brooks - Newbrook Lodge
Calgary - Beaver Dam Lodge 1200
Calgary - Bow Valley Lodge 100
Calgary - Bow Valley Lodge 200
Calgary - Bow Valley Lodge 300
Calgary - Bow Valley Lodge 1100
Calgary - Confederation Park Lodge
Calgary - Elbow Valley Lodge 700
Calgary - Elbow Valley Lodge 800
Calgary - Jacques Lodge 400
Calgary - Jacques Lodge 500
Calgary - Jacques Lodge 600
Calgary - James Shouldice Lodge 1300
Calgary - Rundle Lodge 900
Calgary - Valleyview Lodge 1400

Camrose - Stoney Creek Lodge
Canmore - Bow River Lodge
Cardston - Chinook Lodge
Castor - Paintearth Lodge
Claresholm - Porcupine Hills Lodge
Coaldale - Sunny South Lodge
Cochrane - Big Hill Lodge
Cold Lake Lodge
Consort Lodge
Crossfield - Rocky View Lodge
Drumheller - Sunshine Lodge
Eckville Manor House
Edmonton - Belvedere Lodge
Edmonton - Bethany Lodge
Edmonton - Beverly Lodge
Edmonton - Elmwood Lodge
Edmonton - Kiwanis Place
Edmonton - McCauley Lodge
Edmonton - McQueen Lodge
Edmonton - Meadowlark Lodge
Edmonton - Northway Lodge
Edmonton - Ottewell Lodge
Edmonton - Pleasantview Lodge
Edmonton - Queen Alexandra Lodge
Edmonton - Rosslyn Lodge
Edson - Parkland Lodge
Evansburg - Sunshine Lodge

Fahler - Villa Beausejour Lodge
Fort Macleod - Pioneer Lodge
Fort Saskatchewan - Dr. Turner Lodge
Gibbons - Spruceview Manor
Grande Prairie - Heritage Lodge
Grande Prairie - Pioneer Lodge
Grande Prairie - Wild Rose Manor
Hanna Lodge
High River - Medicine Tree Manor
Hythe Pioneer Home
Innisfail - Autumn Glen Lodge
Lac La Biche - Lacalta Lodge
Lacombe Lodge
Lamont - Beaverhill Pioneer Lodge
Leduc - Planeview Manor
Legal - Chateau Sturgeon Lodge
Lethbridge - Alberta Rose Lodge
Lethbridge - Blue Sky Lodge
Lethbridge - Golden Acres Lodge
Lethbridge - Green Acres Lodge
Lethbridge - Heritage Lodge
Lloydminster - Pioneer Lodge
Magrath - Diamond Willow Terrace Lodge
Mayerthorpe - Pleasant View Lodge
Medicine Hat - Cypress View Lodge
Medicine Hat - Teeoda Lodge
Medicine Hat - Wild Rose Lodge

Milk River - Prairie Rose Lodge
Myrnam - Eagle View Lodge
Nanton - Silver Willow Lodge
Olds - Mount View Lodge
Oyen - Prairie Home Lodge
Picture Butte - Piyami Lodge
Pincher Creek - Crest View Lodge
Ponoka - Rimoka Lodge
Raymond - Ridge View Lodge
Redwater - Diamond Spring Lodge
Rimbey - Rimoka Lodge
Rocky Mountain House - Westview Lodge
Sedgewick - Flagstaff Lodge
Sherwood Park Lodge
Smoky Lake - Bar-V-Nook Manor
Spirit River - Pleasant View Lodge
Stettler - Heart Haven Home
Stony Plain - Meridian Lodge
Strathmore - Wheatland Lodge
Sundre - Foothills Retreat Lodge
St. Paul - Sunnyside Manor
Sylvan Lake Lodge
Taber - Clearview Lodge
Thorhild Lodge
Three Hills - Golden Hills Lodge
Two Hills - Hillside Lodge

Vegreville - The Homestead Lodge
Vermilion Valley Lodge
Viking - Vialta Lodge
Vilna Lodge
Vulcan - Peter Dawson Lodge
Wainwright - Battle River Lodge
Warburg - Clover Leaf Manor
Westlock - Pembina Lodge
Wetaskiwin - Peace Hills Lodge
Willingdon - Eagle Hill Manor
Winfield - West Pine Lodge

COMPLAINTS

The Committee receives written and telephoned complaints in addition to those received during visits. These complaints take precedence over routine visits and are investigated as soon as possible. Exceptions are concerns of a non-urgent nature which do not affect patient care. These are investigated on the next routine visit to the institution.

The question of investigating anonymous complaints has been debated from time to time, and the Committee has adopted the practice of accepting such complaints when they appear serious enough to warrant investigation. The Committee has chosen this position recognizing that patients and relatives sometimes fear that staff's attitudes towards them may change if they lodge a complaint. This fear may be unfounded, but it is not surprising that people feel vulnerable when they are completely dependent on the service of others.

The Committee received 61 complaints during the year. Seven complaints received late in 1983 were investigated and resolved in 1984.

TYPE of FACILITY	NUMBER of COMPLAINTS
General Hospitals	7
Auxiliary Hospitals	13
Nursing Homes	23
Senior Citizens' Lodges	13
Mental Health Hospitals	2
Miscellaneous	3

STATUS of COMPLAINTS at END of YEAR

Resolved	37
Recommendations made	9
Outside Committee's jurisdiction	4
Withdrawn by complainant	2
Unsubstantiated	2
Held over to 1985	7

NATURE OF COMPLAINTS

General Hospitals:

- Misdiagnosis.
- Poor staff attitude.
- No quiet area in hospital for bereaved families.
- Poor physiotherapy services.
- Poor patient care.
- Delay in treatment.
- Lack of notification of next of kin of serious illness.
- Noise and too much activity in hallways.
- Construction problems.

Auxiliary Hospitals:

- Poor patient care.
- Staff member's insensitivity to family.
- Rough handling by staff member.
- Too short a time allowed for removing personal possessions.
- Mentally disturbed patient wandering into rooms at night.
- Food.

- Patient wished to move to nursing home.
- Too short notice given family to admit patient to auxiliary hospital.
- Staff member felt threatened by unstable patient.
- Overcharges for hairdressing and laundry.
- Difficulty getting wheelchair fixed.

Nursing Homes:

- Food.
- Cold rooms.
- Overcharge of room rent.
- Patient wished to be moved to another room.
- Social leave from nursing home too limited.
- Patient assaulted by mentally disturbed patient.
- Shortage of staff.
- Allegation that doctor's orders were not followed.
- Restraints used without doctor's orders.
- Nursing staff other than Registered Nurses dispensing medications.
- Laundry charges.
- Poor staff attitudes.

- Negligence by nursing staff.
- Shortage of disposable incontinent supplies.
- Patient did not wish to move to a senior citizens' lodge.
- Diets not followed.
- Nepotism in hiring practices.
- Concern about medications.
- Shortage of trained personnel.
- Racial discrimination.

Senior Citizens' Lodges:

- Poor staff morale.
- Poor staff attitude to resident.
- Food.
- Alleged intimidation by administration.
- Poor administration.
- Notice to leave - no explanation given.
- Not enough activities.
- Resident went out at night without being observed. No alarms on doors.

Mental Health Hospitals:

- Ex-employee wished to be rehired.
- Family wished to move patient to general hospital.

OBSERVATIONS AND RECOMMENDATIONS

PSYCHOGERIATRIC CARE

Integration or segregation?

Mentally confused people require a relaxed, stress free environment which families are often unable to provide and the person has to be cared for in a nursing home. Nursing homes and auxiliary hospitals vary in the numbers of mentally confused people accommodated. Some have one or two and others cope with the fact that thirty percent of their population is cognitively impaired. The Committee does not see a need to return to the concept of a separate facility specially designed for the care of mentally confused patients, but does see a need for some separation within the nursing home system.

The Committee has noted that some nursing homes and auxiliary hospitals, particularly in the urban centres, have moved towards separation by using one wing or corridor

for the cognitively impaired. Members hope this trend will continue as, on visits throughout the Province, the Committee has noted the concern, fear and anxiety expressed by the alert patients and family members. We have met people who are afraid to leave their rooms for fear of being accosted by a confused patient (and there have been instances of unprovoked assault), or they are concerned that confused patients may enter their room, sleep on their beds and go through their belongings, sometimes leaving with whatever takes their fancy. Alberta institutions do not allow patients to lock their doors, and in some instances patients choose to tie their doors shut when they leave their rooms.

It is interesting to note that, while alert patients express concern, in many nursing homes staff members do not perceive the mix of mentally confused and mentally alert patients as a problem. There are probably several reasons for this: staff are on duty for seven or eight hours while patients are in that environment for twenty-four hours of every day; staff are busy with their duties, can move quickly, and usually

have the expertise to calm a disturbed patient. Staff are more physically capable of handling the situation than is a frail elderly resident.

Programs and training:

Special programs should be available to the confused patients (e.g. reality orientation, reminiscence groups, multi-sensory stimulation, etc.) without prohibiting their participation in programs available to the total population of the home.

Staff training is necessary in the care of the cognitively impaired patient, and the Committee recommends that staff of nursing homes and auxiliary hospitals who are handling such patients be given the opportunity to further their education in this field.

HOSPITAL/FAMILY RELATIONSHIPS

Sensitivity towards patients and family members is important in all areas of a hospital, and this aspect of health care should be a significant part of in-service training.

(a) Usually bereaved family members are treated with consideration and sympathy, but there have been instances of tactless behaviour and apparent lack of concern.

(b) Patients who may be in the unfamiliar and sometimes frightening environment of a hospital for the first time require reassurance, and often staff members proceed with treatments without explaining what they are doing and why.

Parents of small children especially need to be informed about the child's condition and the reason for particular treatments or delay in diagnosis. Most people respond favourably to being treated as one of the team rather than as an outsider who might get in the way.

(c) There should be a policy in place for notifying family members of patients brought to Emergency Departments in a critical condition.

Medical and nursing staff involved in saving the patient's life cannot be expected to contact next of kin. A written policy could outline the procedure to be followed, and a staff member on each shift could be given the responsibility of establishing the patient's identity and telephoning the family.

PATIENT CLASSIFICATION:

The number of heavy care patients in nursing homes and auxiliaries has increased significantly over the past few years, and we strongly recommend that a standard patient classification system be established. As the Committee has noted in previous reports, nursing homes and auxiliary hospitals should be staffed, not according to the number of patients, but according to the level of care required by the patients.

There are benefits to maintaining patients in one facility, and increased use should be made of the multi-level care system within existing facilities. Nursing staff in such systems can be rotated to take care of the changing needs of the patients.

IN-SERVICE TRAINING

Patient Care:

In some facilities Nursing Attendants lack experience in caring for the frail elderly. It is imperative that persons who are untrained when they are employed by an institution be given adequate in-service training on the physiological, psychological and social aspects of care.

Incident Reports:

Incident Reports are part of a patient's chart, and should contain an up-to-date and complete record of incidents.

There is a need for improved in-service training in this area, and this training should be mandatory for Nursing

Attendants, Registered Nursing Assistants, and Registered Nurses. Members have noted that, in many facilities, these reports are either not completed at all, or are completed by a person other than the one witnessing the incident.

DAY HOSPITALS AND DAY CARE

"By the year 2000 nearly twelve percent of the population, or 3.4 million people, are expected to be at least 65 years of age." 1. This group of people, predominantly female, will be the most vulnerable in society.

The changing population and current shortage of Home Care and longterm facilities mean that more adult children will be providing care to a larger number of the older population. Traditionally, women have cared for the aged at home. However, as more women enter the workforce, an increasing burden will be placed on the emotional and financial resources of families.

1. Ref: Abuse of the Elderly, The Canadian Nurse, Carson et al; February 1985, p.37.

The development of day hospitals and day care should be looked at as a way of helping families cope with their aging family members.

Sometimes there is confusion between the terms "day hospital" and "day care", and it has been suggested that day hospitals could be more properly described as day therapy. A day hospital provides activities, programs and therapy for people requiring therapeutic intervention, as, for example, a stroke or accident victim. Day care offers a different, but no less necessary, type of service by providing a safe, social environment for people who should not be left alone.

Rural areas with lodges that have some space should be encouraged to work with such groups as Community Health and Social Services to provide day care for older people in the community.

The availability of such resources would delay the need for admission to hospitals, help maintain the person's psychological and physical health, and help bridge

the gap between a normal lifestyle and admission to a health care facility. There is also an economic value, as it has been documented that it costs significantly less to maintain a person at home with the help of day care and day therapy than to provide full time care in a nursing home or auxiliary hospital.

COMMUNICATION BETWEEN HOSPITALS

Communication between hospitals has increased in recent years, but members see a need for greater sharing of knowledge, ideas and equipment. Information on preparation for accreditation, in-service training programs, recreational programs and available equipment would help administrators and staff.

MENTAL HEALTH

In the 1983 Annual Report it was noted that communication between Alberta Mental Health Services and

Alberta Hospitals at Ponoka and Oliver needed improvement. The Committee is pleased to note that improvement has taken place and patients being discharged from the hospitals seem more easily able to obtain the necessary outpatient assistance provided through the Department of Social Services and Community Health.

Committee members on a recent visit to Ponoka were pleased to note significant improvements in a number of areas. The hiring of an executive director, a clinical director, and other qualified medical staff, in addition to definite improvements in the occupational therapy area, general atmosphere, and internal communications, leads us to believe that the hospital may soon be in a position to apply for accreditation.

FOOD PREPARATION AND DELIVERY

General Hospitals, Auxiliary Hospitals and Nursing Homes:

Food delivery systems vary from a commissary that supplies several health care facilities to the smaller

standard kitchen that does the total preparation of meals within a hospital, auxiliary hospital or nursing home.

The larger food systems which supply other facilities usually employ the quick freeze method. Food is prepared, frozen, then delivered to other facilities where the food is thawed and prepared for delivery to the patient. In such systems care must be taken to ensure that variety, quality and specific requests of the patients are recognized.

Some concerns have been received on the delivery system to floors or units. Meals get cold before being served, especially where a large number of patients require assistance.

A number of facilities have purchased microwave ovens and placed them in the patient area, so that staff may heat the food as necessary. Several facilities have changed their regular chinaware to the thermal system, others have replaced only the drinking cups and soup bowls.

Favourable reports have been received from patients where these systems are used.

Committee members have noticed many improvements in the food preparation and delivery system over the past few years. Dieticians and dietary staff are visiting the patients more often and checking to see if they have any concerns or suggestions for changes to their meals.

Some facilities have set up resident food committees consisting of dietary staff, administrative staff, and four or five patients. Meetings are held at least once a month. Menus, products and concerns are discussed at the meeting, and the dietician makes changes where possible.

Modified or five meal a day plan:

A number of nursing homes have switched to a five meal a day plan. This allows patients to stay in bed later if they wish, while others may have a continental

breakfast at 7 a.m. The main breakfast is served at 9 a.m., a light lunch at 12:15 to 12:30, the main meal at 5 p.m., and an evening lunch at 8 p.m.

Many nursing homes are now serving the main meal in the evening and reports have been that patients are sleeping better and, in some cases, using less medication.

Senior Citizens' Lodges:

Many people make their home in a Senior Citizens' Lodge for a number of years, and their meals are an important part of their daily living. Nutritious meals which are well balanced, well prepared, and well presented help to make the residents' lives more pleasant.

Normally lodge Boards do not hire cooking staff with special training, although many are excellent cooks. Meals are often planned on a day to day basis by the cook and/or the Matron, but it would be a positive alternative to have a cycle menu on a three to six week rotation. As

selective menus are not normally used in lodges, a list of the residents' likes and dislikes could be available in the kitchen.

Menus should be planned to include special days other than the normal holidays (i.e. Christmas, Thanksgiving etc.). International days, smorgasbord and salad bars are becoming very popular in a number of lodges in the Province.

Foundation Boards should encourage cooking staff to attend available workshops or seminars on food preparation and nutrition, and the Canada Food Guide should be available to all cooking staff. The professional expertise of dieticians should be utilized as much as possible.

SENIOR CITIZENS' LODGES:

Increasing need for health care:

Further to last year's recommendations regarding Senior Citizens' Lodges, we continue to note difficulties

in providing for the increasing needs of residents.

Several factors have contributed to this: the increasing age of lodge residents; the shortage of beds in other more suitable facilities; and the reluctance to transfer residents out of their home area. The problem exists to a greater degree in rural areas of the Province.

The Committee is continuing to investigate solutions to this growing problem.

Optimum Use of Lodges:

The Committee supports the recommendation of the 1984 Conference on Rural Health regarding the maximum use of Senior Citizens' Lodges.

There are vacancies in Senior Citizens' Lodges in the rural areas, and the Conference recommended that lodges accept residents requiring limited health services which could be provided by Home Care.

Also provision could be made in some lodges for respite beds for the short term care of elderly people normally living with family members.

Medical Information:

At least one lodge has put together a loose leaf binder containing medical information on each resident of the lodge and the self-contained units.

Two copies of each residents' medical profile is kept in the binder and, in the event of an emergency, one copy is sent to the hospital with the ambulance driver.

This is an excellent idea which could be adopted by other lodges.

C.P.R. Training:

The Committee was very pleased to see that some lodges have arranged for their staff members to receive C.P.R. training. This could be of great value in an emergency.

Activities - Recreation:

Many Senior Citizens' Lodges in the Province have a wide variety of activities and programs. In others the only organized activities are bingos and birthday parties. The Committee has noticed that lodges with planned recreational programs have a more lively, optimistic atmosphere, but, as lodges are viewed as rental accommodation, there are no regulations or guidelines to help administrators in this area.

Programs should be planned to include the interests of both male and female residents. The help of volunteers and interaction with people from outside the lodge should be encouraged, so that residents feel part of the community. Physical exercise should also be included to maintain and increase mobility.

It is realized that administrative staff of lodges are not trained activities' co-ordinators and often need assistance. Perhaps the appropriate government departments could review this aspect. One suggestion would be that staff

from the Department of Culture and Recreation be assigned to assist lodges, in much the same way that Home Care assists in the health needs of lodge residents.

We recommend to Foundation Boards the booklet Time on Their Hands, by Frances McHale, produced by the Minister of Tourism and Recreation, Ontario.

GOVERNMENT OF THE PROVINCE OF ALBERTA

HEALTH FACILITIES REVIEW COMMITTEE ACT

CHAPTER H-4
REVISED STATUTES OF ALBERTA 1980

Printed by Queen's Printer

11510 Kingsway Ave.
Edmonton, T5G 2Y5
427-4952

J. J. Bowlen Bldg.
620-7th Ave. S.W.
Calgary, T2P 0Y8
261-6251

50¢

HEALTH FACILITIES REVIEW COMMITTEE ACT

CHAPTER H-4

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

(a) "Committee" means the Alberta Health Facilities Review Committee and includes a subcommittee established under section 3;

(b) "hospital" means

(i) an approved hospital under the *Hospitals Act*,

(ii) any other hospital, institution or other facility for the treatment and care of persons that is owned and operated by the Government of Alberta, except those operated under the administration of the Minister of Social Services and Community Health or those that receive their current operating funds or part of them from a supply vote that is under the administration of a member of the Executive Council other than the Minister of Hospitals and Medical Care,

(iii) a contract nursing home as defined in the *Nursing Homes Act*, or

(iv) a home or unit operated under the *Senior Citizens Housing Act;*

(c) "Minister" means the Minister of Hospitals and Medical Care;

(d) "patient", with reference to a home or unit operated under the *Senior Citizens Housing Act*, means a person who resides in that home or unit.

1972 c49 s1;1973 c29 s2(2),(3);1974 c69 s3(2);1975(2); c21 ss1,4(a); 1977 c62 s12(1);1978 c73 s17;1978 c62 s3;1980 c22 s2;1980 c46 s18

Committee established

2(1) There is hereby established a committee called the "Alberta Health Facilities Review Committee" consisting of not more than 12 members appointed by the Lieutenant Governor in Council.

(2) The members of the Committee may include members of the Legislative Assembly who are not members of the Executive Council.

(3) An order appointing a member of the Committee may provide for his term of office but in the absence of such a provision, the term of office of a member is one year from the effective date of his appointment and thereafter until his successor is appointed.

(4) The Lieutenant Governor in Council shall designate one of the members of the Committee as chairman and another as a vice-chairman and, unless the order otherwise provides, the term of office of a chairman or vice-chairman so designated is one year from the effective date of the designation and until their respective successors are thereafter designated.

(5) The vice-chairman is the acting chairman of the Committee in the event of the absence or inability to act of the chairman or a vacancy in the office of chairman.

1972 c49 s2;1978 c62 s3

Sub-committees

3(1) The Committee may

(a) establish one or more sub-committees to perform those duties and functions and exercise those powers of the Committee prescribed by the Committee, and

(b) appoint as members of a sub-committee not less than 3 members of the Committee.

(2) When a sub-committee is established, the Committee shall designate a member of a sub-committee to preside over the sub-committee.

(3) A member of the Committee may be appointed to more than one sub-committee.

(4) A majority of the members appointed to a sub-committee constitute a quorum of the sub-committee.

(5) A decision or other action made or taken by a sub-committee at which its quorum is present is the decision or action of the Committee and binds all members of the Committee.

(6) Two or more sub-committees may act simultaneously.

(7) If a sub-committee is performing a duty or function or exercising its powers and one or more members of the sub-committee are absent during a portion of the time that the sub-committee is performing a duty or function or exercising a power, the remaining members of the sub-committee that are present may, if they constitute a quorum of the sub-committee, perform the duty or function and exercise the power of the sub-committee.

(8) Notwithstanding that a sub-committee is established under this

section, the Committee may also perform any duty or function or exercise any power that it prescribed the sub-committee to perform or exercise.

1980 c22 s3

Remuneration and expenses

4 The Lieutenant Governor in Council

(a) may prescribe the rates of remuneration payable to members of the Committee other than those who are employees of the Government or members or employees of an agency of the Government, and

(b) may authorize the payment of travelling and living expenses for members of the Committee while outside their normal place of residence in the course of performing their duties.

1972 c49 s3;1979 c18 s6

Staff

5(1) The Minister may appoint an employee of the Government under his administration as the Executive Director of the Committee who shall under the direction of the chairman of the Committee assist the Committee in carrying out its duties and functions and exercising its powers.

(2) The Minister shall provide to the Committee the services of employees of the Government under his administration and supplies for the purpose of carrying out secretarial, clerical and related work that the Committee may reasonably require to enable it to carry out its duties and functions and exercise its powers.

1972 c49 s4;1975(2) c21 s4(b);1977 c62 s12(1);1980 c22 s4

Meetings

6 The Committee may, with the approval of the Lieutenant Governor in Council, make rules governing the calling of its meetings, the quorum required at its meetings, the procedure at its meetings, and any other matter relating to the conduct of its business and affairs.

1972 c49 s5

Visiting hospital

7(1) The Committee shall from time to time visit all hospitals for the purpose of reviewing and inspecting them and the manner in which they are operated.

(2) The Minister may from time to time request the Committee to conduct a visit to a hospital for the purposes of reporting to the Minister on any matter that the Minister specifies in his request.

1972 c49 s6(1),(4);1980 c22 s5

Investigation of hospital

8 If a complaint is made to the Committee by or on behalf of a patient in a hospital, the Committee shall investigate the care and treatment and the standards of accommodation received by that patient or any other patient in the hospital.

1978 c62 s4;1980 c22 s5

Entry of hospital

9 For the purpose of carrying out a visit or an investigation under

this Act the Committee may enter a hospital at any reasonable hour.

1980 c22 s5

Inspection of hospital records

10(1) The Committee, with respect to a visit or an investigation under this Act, is entitled to access to the records of the hospital for the purpose of inspecting them, making copies of them or taking extracts from them.

(2) Subsection (1) does not apply to

(a) the financial records of the hospital that relate to the operation of the hospital, or

(b) the medical and clinical records of a patient unless the patient or his guardian gives his consent to those records being inspected.

1972 c49 s7;1980 c22 s5

Exemption

11 Nothing in this Act shall be construed as empowering the Committee or other person acting under this Act to inquire into the financial affairs of the hospital that relate to the operation of the hospital.

1972 c49 s6(6);1980 c22 s5

Persons acting on behalf of Committee

12(1) The Committee may authorize

(a) a member of the Committee to carry out a visit or investigation on behalf of the Committee, or

(b) subject to the approval of the Minister, an employee of the Government under the Minister's administration to carry out a specific inquiry on behalf of the Committee in respect of a visit or investigation.

(2) When a member of the Committee or other person has carried out a visit, investigation or specific inquiry on behalf of the Committee, that member or person shall report his findings to the Committee.

1972 c49 s6(5);1980 c22 s5

Complaint officer

13(1) The Committee may designate

(a) a member of the Committee, or

(b) with the approval of the Minister, an employee of the Government who is under the administration of the Minister,

as a complaint officer.

(2) The complaint officer shall on behalf of the Committee

(a) make preliminary inquiries, or

(b) if directed to do so by the chairman of the Committee, make investigations

into complaints received under section 8 and report the results of the inquiry or investigation to the Committee.

(3) Members of the Committee at the request of the chairman of the Committee may assist the complaint officer in the carrying out of his duties.

1980 c22 s5

Powers of Committee members

14 A member of the Committee or an employee of the Government carrying out a visit, investigation or other matter on behalf of the Committee has the same powers that the Committee would have if it were carrying out the visit, investigation or other matter.

1972 c49 s6(3);1980 c22 s5

Court order

15(1) If the Committee, a member of the Committee or an employee of the Government acting on behalf of the Committee is refused entry to a hospital for the purposes of conducting a visit or an investigation, the chairman of the Committee or a person designated by him may apply to the Court of Queen's Bench by originating notice for an order permitting the Committee, member or employee to

(a) enter the hospital at any reasonable hour and conduct the visit or investigation, and

(b) require the production of any records of the hospital, other than those referred to in section 10(2).

(2) An application under subsection (1) may be made ex parte, if the Court considers it proper to do so in the circumstances.

1980 c22 s5

Annual report

16(1) As soon as possible after the end of each year, the Committee shall prepare and submit to the Minister a report summarizing its activities in that year.

(2) On receiving a report under subsection (1), the Minister shall lay a copy of the report before the Legislative Assembly if it is then in session, and if not, within 15 days after the commencement of the next ensuing session.

1972 c49 s8

Act binds Crown

17 This Act binds the Crown.

1980 c22 s6

The office of the Committee is on the second floor of the Pacific Plaza, 10909 Jasper Avenue, Edmonton. T5J 3M9. Telephone: 427-4924.

Executive Assistant:	Amelia Griffin	Edmonton
Secretary:	Ruby Bridgewater	Edmonton